

Inmate Grievance

Return To

COURTNEY BOYD 208921 6B-28 7-13-06  
NAME AIS # UNIT DATE

**PART A---Inmate Grievance** Dear Ms. Wilson, as you know, I was given parole discharge plan paper. Well I later found out that it was an misup in the paper work, however I did not think it was very professionally for nurse Bush to be making fun of how I talk. However what I did not understand is why did you not stop her, when she was doing this right in front of you. This is my second time having problems with her. I asking you to please make her stop picking at me for no reason at all. Also I will like to get my parole discharge paper back, Lt. Lee said that it was given back to

INMATE SIGNATURE

**PART B - RESPONSE**

DATE RECEIVED 7-13-06

Mr. Boyd, I do not have your discharge paper. You informed me that you gave it to your attorney. I did not tell you not to write me another request, complaint, or grievance. Only if it was concerning your back brace, because you have written numerous times concerning this & each time I have explained that only the MD can order you to have a brace.

Ms. Wilson, RN/MSA  
P.H.S. Department Head Signature

7-13-06  
DATE

If you wish to appeal this review you may request a **Grievance Appeal** form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

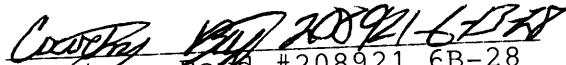
H.S.A Selection:		Y	N		Y	N
I	Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI	Delay in Health Care Provided	<input type="checkbox"/>
II	Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII	Problems with Medication	<input type="checkbox"/>
III	Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII	Request to be seen	<input type="checkbox"/>
IV	Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX	Request for Off-site Specialty Care	<input type="checkbox"/>
V	Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X	Other	<input checked="" type="checkbox"/>

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Exh. B, 7 B

JUL 13 2006

you. So I will have to talk with you about it. Oh why did you tell the officer that I was in an unauthorize place when I was just trying to find out what was the big problem with me having this parole discharge paper. Ms. Wilson, you keep telling the officer that I was in an unauthorize place so that he can lock me up. I know you told me not to write you another grievance or complaint from, but I need to see what is going on and to see if I can get that parole discharge paper back, because I signed for it.

  
Courtney Boyd #208921 6B-28

Inmate Grievance

Return  
↓

courtney Boyd 208921 6-B-28 6/14/06  
NAME AIS # UNIT DATE

**PART A--Inmate Grievance** Dear Ms. Wilson this is my second time written  
you about this problem about my back brace. I did not given  
Dr. Darbouze my profile for my brack brace, he asked for them. It  
was be very stupid for me to give Dr. Darbouze my profile went I  
was coming to get an no long standing profile. Also why would  
he have to re-write any profile that had being just wrote on 4-  
21-06. It's like I told you before, Dr. Darbouze told me that he  
was not going to given me any no long standing profile, and that he was going  
to taken the ones he had giving me. So I asked him if he want them now, he said  
Continue on another sheet of paper.

**INMATE SIGNATURE**

**PART B - RESPONSE**

DATE RECEIVED 6-16-06

Mr. Boyd, when you were seen by  
Dr. Darbouze at your appointments,  
there were no profiles medically indicated.  
Dr. Darbouze did not say he was going to  
take the profiles he had given you. You  
gave your profiles back to him at the  
brace to a nurse.

6/13/06

Wilson, D. L.  
P.H.S. Department Head Signature

6/16/06  
DATE

If you wish to appeal this review you may request a **Grievance Appeal** form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay In Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>
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JUN 16 2006

yes, so I gave him my profile along with my back brace, because I can not have the back brace without any profile. So can you please make Dr.Darbouze return my back brace to me, because I need it for my back.

SINCERELY,

  
Courtney Boyd

## Inmate Grievance

Return

Courtney Boyd

NAME

208921

AIS #

6-13-27

UNIT

6-2-06

DATE

## PART A--Inmate Grievance

I went to see Dr. Darbouze today, about my NO long standing profile, ~~and when~~ I seen him, he said that he was not going to give me a NO long standing, and also that he was going to take the profile. ~~After~~ he had already giving me. So I asked him if he went ~~from~~ it now, he said yes. So I gave it to him along with my back brace, because I can not have my back brace. I can't have it, unless I have my profile for it. So I was ~~hope~~ hoping that you can make him give it back, because I really need it.

*Courtney Boyd*  
INMATE SIGNATURE

## PART B - RESPONSE

DATE RECEIVED 6-5-06

Mr. Boyd, at your appointment to see Dr. Darbouze he did not take your bottom bunk + back brace profiles. You said you didn't want them + gave them back + you also took your back brace off + gave it back. As you were explained to on that same day, he will not re-write for those profiles.

*K. Wilson, RN / HSA*  
P.H.S. Department Head Signature

6-5-06  
DATE

Exhibit 13

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

## H.S.A Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

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